

# Response to Resistance Report

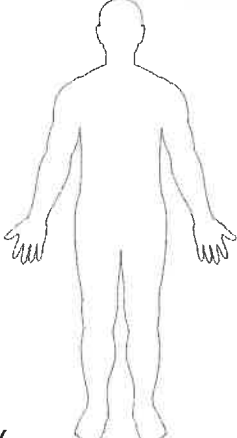
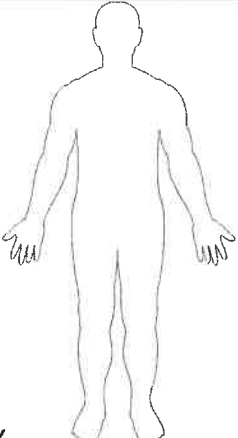
Key West Police Department

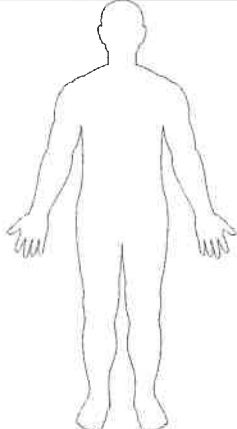
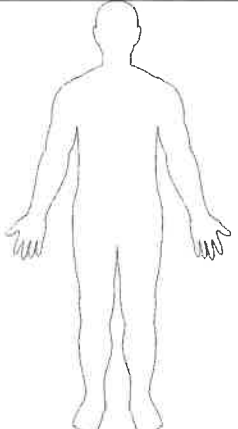
Case No: 22-3662

## 1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- ☐ A response through the use of non-lethal weapons,  
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"  
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force  
☐ When any person complains of injury as a result of the application of force  
☐ Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

INCIDENT	2. Date: 06/28/2022	3. Time: 2107	4. Location: Virginia/Duval St	5. Incident type: Baker Act
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Take down
	<input checked="" type="checkbox"/> Active:	Tensing, altered mental status	<input type="checkbox"/> Non-lethal Weapon	
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

SUBJECT	10. Last Name: Lazarre	11. First: Yvens	12. Race: B	13. Sex: M
	14. DOB: 01/13/1996	15. Height: 5'08"	16. Weight: 150	
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22			
	18. Appeared to be: <input type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed			
	19. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)			
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
	22. Anterior View		Posterior View	

OFFICER	23. Officer: Randy Perez	24. Race: W	25. Sex: M	26. Age: 32	27. Height: 5'08"	28. Weight: 210
	29. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 30. Yrs Exp: 2.5					
	31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)					
	32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	34. Response option used by this officer: Arm Bar Take Down					
						
	35. Anterior View		Posterior View			

# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-3662

TASER USE ONLY	<b>36. TASER® device serial #</b>		<b>37. TASER® device serial #</b>	
	TASER®Cam serial #		TASER®Cam serial #	
	Cartridge 1 serial #		Cartridge 1 serial #	
	Cartridge 2 serial #		Cartridge 2 serial #	
	Number of cycles:		Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch:		Target distance at probe launch:	
	Distance between probes:		Distance between probes:	
	Probes removed by (name):		Probes removed by (name):	
Device downloaded by:		Device downloaded by:		
<input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>				
REPORT	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b> <input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.			
	<b>40. Notified Date:</b> 06/28/2022		<b>41. Time:</b> 2122 hours	
	<b>42. Did you respond to the scene:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why) Ofc. Perez did not call me until he was enroute to the ER. I met him at the ER.			
	<b>43. Did you watch all relevant videos associated with the use of force?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	<b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
SUPERVISOR'S INQUIRY	<b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)			
	GO 02.08.05.01.B, Response to Resistance, Member Responsibilities			
	<b>46. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	Name		Address	
		Phone Number		
<b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		A. Rodriguez 3465 48. Preparing Supervisor's Signature / ID		06/28/2022 49. Date
INT. AFF.	<b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", complete section 51)		51. Signature of Internal Affairs Inspector	
	52. Date		53. If section 48 is "No" record the Professional Standards Control Number:	
		54. Date Entered:		

I N C I D E N T  D A T A	Agency Name <i>Key West Police Department</i>		<b>INCIDENT/INVESTIGATION REPORT</b>										Case# <b>22-003662</b>					
	ORI <i>FL0440100</i>												Date / Time Reported <i>06/28/2022 20:59 Tue</i>					
	Location of Incident <i>1105 DUVAL ST, Key West FL 33040-</i>		Premise Type <i>Restaurant Commercial</i>		Beat/GP <i>B2, GPB2</i>								Last Known Secure <i>06/28/2022 20:59 Tue</i>					
													At Found <i>06/28/2022 20:59 Tue</i>					
M O	#1		Crime Incident(s) (Com) <i>Baker / Marchman Act ZOJ</i>				Weapon / Tools <i>NOT APPLICABLE/NONE</i>				Activity							
							Entry		Exit		Security							
	#2		Crime Incident ( )				Weapon / Tools				Activity							
							Entry		Exit		Security							
	#3		Crime Incident ( )				Weapon / Tools				Activity							
							Entry		Exit		Security							
V I C T I M	# of Victims <i>0</i>		Type:		Injury:				Domestic: <i>N</i>									
	<b>V1</b>		Victim/Business Name (Last, First, Middle)				Victim of Crime #		DOB Age		Race Sex		Relationship To Offender Resident Status Military Branch/Status					
			Home Address								Home Phone							
			Employer Name/Address						Business Phone		Mobile Phone							
			VYR		Make		Model		Style		Color		Lic/Lis		VIN			
O T H E R  S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																	
			Type: <i>INDIVIDUAL</i>		Injury:													
	<b>IO</b>		Name (Last, First, Middle) <i>LAZARRE, YVENS</i>				Victim of Crime #		DOB Age <i>01/13/1996 26</i>		Race Sex <i>B M</i>		Relationship To Offender Resident Status Military Branch/Status <i>Non-Resident</i>					
			Home Address <i>1 GENERAL DELIVERY KEY WEST, FL 33040</i>								Home Phone							
			Employer Name/Address <i>NONE (UNEMPLOYED)</i>						Business Phone		Mobile Phone							
I N V O L V E D			Type:		Injury:													
			Name (Last, First, Middle)				Victim of Crime #		DOB Age		Race Sex		Relationship To Offender Resident Status Military Branch/Status					
			Home Address								Home Phone							
			Employer Name/Address						Business Phone		Mobile Phone							
P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)																	
	VI #		Code		Status Fm/To		Value		OJ		QTY		Property Description		Make/Model		Serial Number	
			<i>35</i>		<i>EVID</i>		<i>\$0.00</i>				<i>2</i>		<i>AXON BWC 4010</i>					
		Officer/ID# <i>PEREZ, RANDY (4010)</i>																
		Invest ID# <i>(0)</i>				Supervisor <i>(0)</i>												
Status		Complainant Signature				Case Status Information Only <i>06/29/2022</i>				Case Disposition:				Page 1				

# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-003662

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers  
AGLEEV, D. (4007)

Suspect Hate / Bias Motivated:

NARRATIVE

**REPORTING OFFICER NARRATIVE***Key West Police Department*

Victim	Offense	OCA 22-003662
	<i>BAKER / MARCHMAN ACT</i>	Date / Time Reported <i>Tue 06/28/2022 20:59</i>

On 06/28/2022, at 2059 hours, I (Ofc. R. Perez) was dispatched to 1105 Duval St. in reference to a medical assist.

Upon arrival I see a male later identified through F/NCIC as Yvens Lazarre on his knees. He then collapses and I try to roll him over to the recovery position. Rescue 2 arrives on scene and began to treat Lazarre. Lazarre had agonal breathing and was shaking uncontrollably. The gave him sternum rubs and he did not react to them. Lazarre began a cycle of regaining and losing consciousness. When Lazarre would regain consciousness, he would begin to pull away and tense up. Lazarre began to resist so the paramedics and I held him down so they could treat him. One of the paramedics administered Narcan and a few moments later Lazarre sprung up to his feet. I gave Lazarre several loud verbal commands to get on the ground. Lazarre was trying to pull away and flee. I was in fear for Lazarre's safety, so I used a modified straight arm take down technique to gain control of Lazarre. Several firefighters assisted me with placing Lazarre on the ground and gaining control of him. Lazarre began to yell to let go of him and we explained that we were here to help. Lazarre calmed down and we were able to sit him up.

Lazarre was placed on the stretcher and was going to be transported to Lower Keys Medical Center. Ofc. Agleev arrived on scene and was asked by the paramedics to ride in the ambulance with them for their safety. I contacted Sgt. A. Rodriguez and advised him that I used a straight arm takedown on the patient that was taken down. I then drove to Lower Keys Medical Center.

Upon arrival I entered the room Lazarre was placed in. Lazarre began to make outlandish statements. He stated that a male abused his wife named Mercy. When asked about his wife's last name he stated he did not know his wife of 4 months last name because she was a Navy Seal. He stated that when he finds the man that harmed his wife, he would kill him. He stated he was having hallucinations of vengeance. We asked if he was on any illicit substances, he stated he smoked crack earlier, he smoked marijuana in the morning and he had between 2 to 5 shots of an alcoholic beverage. We asked Lazarre when was the last time he slept and he stated he does not remember. We asked if he is supposed to be on medication and he stated he was given medication for mood swing and a bipolar disorder. We asked if he had been taking his medications, he stated he hasn't taken them in years.

All of the substances Lazarre claimed to have consumed do not have hallucinogenic side effects.

Based on Lazarre's statements and the mental state he was in, he is unable to determine if he was in need of a psychological evaluation. I believe that without care or treatment, Lazarre could cause serious bodily harm to himself or others. Lazarre was Baker Acted and left in the care of the hospital staff.

My AXON BWC was activated during this incident.

**CASE SUPPLEMENTAL REPORT**  
*NOT SUPERVISOR APPROVED*

Printed: 06/29/2022 00:18

OCA: **22003662**

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THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

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Investigator: *AGLEEV, DENIS (4007)*

Date / Time: *06/28/2022 23:41:19, Tuesday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

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On June 28, 2022, at approximately 2100 hours I, Officer D. Agleev, responded to the intersection of Duval and Virginia Streets, reference an intoxicated subject.

Upon arrival I observed Officer R. Perez and several KWFD guys holding down on the ground a black male, later identified as Yvens Lazarre (DOB 01/13/1996). After Lazarre stopped resisting, he was placed into sitting position. I stayed with Lazarre, while medical personnel were evaluating his condition. Lazarre told Rescue personnel, he took crack cocaine that day in addition to marijuana and alcohol. Lazarre was transported to the Lower Keys Medical Center (LKMC). Due to Lazarre being unruly and combative, I rode with Rescue to the ER.

Lazarre was subsequently Baker Acted, following Officer Perez' investigation (see KWPD case 22-3662).

Sergeant A. Rodriguez responded to the LKMC and gave me a ride back to my vehicle.

My BWC was activated and uploaded to Axon Evidence.

Investigator Signature: \_\_\_\_\_